


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90021 034 \*\*\*150.00

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<b>DOCUMENT # 196579</b>					
1. Entity Name <b>SUN HARBOR, INC.</b>					
Principal Place of Business <b>214 INLET WAY PALM BEACH SHORES, FL 33404 US</b>			Mailing Address <b>214 INLET WAY PALM BEACH SHORES, FL 33404 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-6071928</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LOFBLAD, ROBERT P</b> <b>214 INLET WAY #104</b> <b>PALM BEACH SHORES, FL 33404</b>			Name <b>HANES, GALEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>214 INLET WAY #106</b> City <b>PALM BEACH SHORES</b> <b>FL</b> Zip Code <b>33404</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Galen &amp; Hanes</i>			DATE <b>3-7-04</b>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HANES, GALEN		NAME	<b>VICE PRESIDENT</b>	
STREET ADDRESS	214 INLET WAY #106		STREET ADDRESS	<b>NORCIA, JOHN</b>	
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404		CITY-ST-ZIP	<b>214 INLET WAY #204</b>	
				<b>PALM BEACH SHORES, FL 33404</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLOCKNER, MARGARET		NAME		
STREET ADDRESS	214 INLET WAY #201		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOFBLAD, ROBERT		NAME		
STREET ADDRESS	214 INLET WAY #104		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH, FL 33404		CITY-ST-ZIP	<b>PALM BEACH SHORES</b>	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAC PHERSON, LINDA		NAME		
STREET ADDRESS	214 INLET WAY #202		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH SHORES, FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AMBURGEEY, WAYNE		NAME	<b>TREASURER</b>	
STREET ADDRESS	214 INLET WAY #206		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH SHORE, FL 33404		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>LOCKERBIE, RITA</b>		NAME		
STREET ADDRESS	<b>214 INLET WAY #105</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PALM BEACH SHORES, FL 33404</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Galen &amp; Hanes</i>			<b>GALEN E. HANES</b> <b>PRESIDENT</b> <b>3-7-04</b> Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					